



# Cincinnati Bar ASSOCIATION

## NEW AREA OF PRACTICE OR INTERESTS GROUP APPLICATION FORM

Please fill out the information below and return it to Michelle Poss at [mrposs@cincybar.org](mailto:mrposs@cincybar.org) or mail to the CBA, 225 E. Sixth St., 2<sup>nd</sup> Flr., Cincinnati, OH 45202. The New Member Committee Application form is designed to facilitate the review process for the Membership Services and Development Committee and Executive Committee, which have oversight responsibility for all member committees, practice and interests groups.

Proposed Group Name: \_\_\_\_\_

Proposed Group Type:                      Appointed Committee                      Interests Group                      Practice Group

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Is this group already operating as an independent group? If so, describe your membership (what percentage are CBA members? If not members, would they be willing to join?) and describe your activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is there another CBA committee or group under which you might fit as a subcommittee?

\_\_\_\_\_

3. Approximately how many members would you expect to be interested in joining this group? \_\_\_\_\_

Have you identified committee officers?    Yes    No    If yes, please list names below:

Chair: \_\_\_\_\_ Vice-Chair: \_\_\_\_\_

Secretary: \_\_\_\_\_ CLE Coordinator: \_\_\_\_\_

4. What would you anticipate this group's budget (CLE and non-CLE) and staff needs to be over the next (Fiscal year April – April of each year). Future needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How often would you expect to meet? Where is the most convenient place and what is the most convenient time of day and month? \_\_\_\_\_

6. Would this group, or in collaboration with another committee or group, be able to produce one Continuing Legal Education seminar each year?

\_\_\_\_\_

7. What benefits would this group gain from the CBA? What benefits would this group offer CBA members?

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\_\_\_\_\_  
\_\_\_\_\_

8. Additional information that you would like to share.

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\_\_\_\_\_